Boom Times for Dentists, but Not for Teeth

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For American dentists, times have never been better.

The same cannot be said for Americans' teeth.

With dentists' fees rising far faster than inflation and more than 100 million people lacking dental insurance, the percentage of Americans with untreated cavities began rising this decade, reversing a half-century trend of improvement in dental health.

Previously unreleased figures from the Centers for Disease Control and Prevention show that in 2003 and 2004, the most recent years with data available, 27 percent of children and 29 percent of adults had cavities going untreated. The level of untreated decay was the highest since the late 1980s and significantly higher than that found in a survey from 1999 to 2002.

Despite the rise in dental problems, state boards of dentists and the American Dental Association, the main lobbying group for dentists, have fought efforts to use dental hygienists and other non-dentists to provide basic care to people who do not have access to dentists.

For middle-class and wealthy Americans, straight white teeth are still a virtual birthright. And dentists say that a majority of people in this country receive high-quality care.

But many poor and lower-middle-class families do not receive adequate care, in part because most dentists want customers who can pay cash or have private insurance, and they do not accept Medicaid patients. As a result, publicly supported dental clinics have months-long waiting lists even for people who need major surgery for decayed teeth. At the pediatric clinic managed by the state-supported University of Florida dental school, for example, low-income children must wait six months for surgery.

In some cases, the results of poor dental care have been deadly. A child in Mississippi and another in Maryland died this year from infections caused by decayed teeth.

The dental profession's critics — who include public health experts, some physicians and even some dental school professors — say that too many dentists are focused more on money than medicine.

"Most dentists consider themselves to be in the business of dentistry rather than the practice of dentistry," said Dr. David A. Nash, a professor of pediatric dentistry at the University of Kentucky. "I'm a cynic about my profession, but the data are there. It's embarrassing."

A defender of the profession is Dr. Terry D. Dickinson, a practicing dentist who is also the executive director of the Virginia Dental Association. He says he believes that dentists are charitable and want to provide care to poor patients. But dentists are also in business; they must pay rent and employee salaries, and they deserve fair fees, he said.

"Charity is not a health care system," Dr. Dickinson said.

Dentists, of course, are no more obligated to serve the poor than are lawyers or accountants. But the issue from a public health standpoint, the critics say, is that even as so many patients go untreated, business is booming for most dentists. They are making more money while working shorter hours, on average, even as the nation's number of dentists, per person, has declined.

The lack of dental care is not restricted to the poor and their children, the data shows. Experts on oral health say about 100 million Americans — including many adults who work and have incomes well above the poverty line — are without access to care.

A federal survey shows that 27 percent of adults without insurance saw a dentist in 2004, down from 29 percent in 1996, when dental fees were significantly lower, even after adjusting for inflation. For adults with private insurance, the rate was virtually unchanged, at 57 percent, up from 56 percent. Since 1990, the number of dentists in the United States has been roughly flat, about 150,000 to 160,000, while the population has risen about 22 percent. In addition, more dentists are working part time.

Partly as a result, dental fees have risen much faster than inflation. In real dollars, the cost of the average dental procedure rose 25 percent from 1996 to 2004. The average American adult patient now spends roughly $600 annually on dental care, with insurance picking up about half the tab.

Dentists' incomes have grown faster than that of the typical American and the incomes of medical doctors. Formerly poor relations to physicians, American dentists in general practice made an average salary of $185,000 in 2004, the most recent data available. That figure is similar to what non-specialist doctors make, but dentists work far fewer hours. Dental surgeons and orthodontists average more than $300,000 annually.

"Dentists make more than doctors," said Morris M. Kleiner, a University of Minnesota economist. "If I had a kid going into the sciences, I'd tell them to become a dentist."

But despite the allure of rising salaries, the shortage of dentists will almost certainly worsen, because the nation has fewer dental schools and fewer dentists in training than a generation ago. After peaking at 5,750 in 1982, the number of dental school graduates fell to 4,440 in 2003, as several big dental schools closed their doors. The average dentist is now 49 years old, according to the American Dental Association, and for at least the next decade retiring dentists will probably outnumber new ones.

Even if more students wanted to enter the profession, states are not moving aggressively to expand dental schools or open new ones. Training dentists is expensive, because dental schools must provide hands-on training — unlike medical schools, which send doctors to hospitals for training after they graduate. Hospitals receive federal subsidies for the training they provide to medical interns and residents, but the equivalent system does not really exist in dentistry.

Meanwhile, the A.D.A. does not support opening new dental schools or otherwise increasing the number of dentists. The association says it sees no nationwide shortage of dentists, though it acknowledges a shortage in rural areas. Dentists note that in the early 1980s, when schools were graduating nearly twice as many dentists relative to the overall size of the population as they are now, some dentists struggled to keep their practices afloat.

Dr. Kathleen Roth, president of the A.D.A., said that the association is working to increase Medicaid's reimbursement rates to make it more cost-effective for dentists to treat low-income patients. While Medicaid is supposed to cover both basic care and emergency procedures for children, the program will pay only for emergency procedures — not basic care — for adults in most states.

"Access to dental care, especially for children, has been a growing problem for 10 years," Dr. Roth said. "State and federal programs have decreased the amount of dollars available."

Besides calling for higher Medicaid reimbursement, Dr. Roth said, the association supports putting health aides with basic dental training into public schools. The aides would help get appointments for children who need them and teach children basic habits like brushing teeth.

But critics say the association's plans would do little to solve the basic problem of access to care. Moreover, even in states that have raised Medicaid payments, most dentists still do not accept Medicaid patients. Virginia, for example, overhauled its Medicaid program in 2005, raising rates 30 percent. But only about 25 percent of all Virginia dentists now accept Medicaid patients, compared with 15 percent before the changes.

Some dentists do not accept Medicaid patients because they frequently miss appointments, which means lost revenue, said Dr. L. Jackson Brown, the former managing vice president for health policy at the A.D.A.

With little dental care available for poor children, pediatricians are teaching themselves how to apply fluoride varnish on baby teeth, a simple procedure that can prevent cavities, said Dr. Amos S. Deinard, a pediatrician and associate professor at the University of Minnesota.

“The dentists don’t want to see these kids,” Dr. Deinard said.

Outside the United States, more than 50 countries, including some western European nations, now allow technicians called dental therapists to drill and fill cavities, usually in children.

Proponents of the therapists say their training is comparable to the practical training that dentists receive, but without the general medical training dentists get. Studies of the work performed by the therapists have concluded that it is comparable to, and in some cases better than, that of fully trained dentists.

Dr. Frank Catalanotto, a professor of community dentistry at the University of Florida, said dental therapists would be a cost-effective way to provide basic care to children and some adults who could not otherwise afford treatment.

But state boards of dentistry have blocked dental therapists from working, arguing that only dentists should be allowed to drill teeth, because it is an “irreversible surgical procedure” and can lead to serious complications like infections or nerve damage. Children of Alaska Natives in remote areas have high rates of cavities and essentially no access to dentists, so a coalition of tribes began a program in 2003 to use therapists to treat native children.

“There’s never been a dentist in these rural areas,” said Dr. Ron Nagel, a dentist who helped create the Alaska program.

But the American Dental Association fought the program almost as soon as it began, dropping its effort only in July, after a state judge ruled in favor of the program. Still, the group continues to oppose letting dental therapists practice anywhere in the continental United States.

“What we’re extremely uncomfortable with is that they need to drill teeth and sometimes extract teeth,” said Dr. Roth, the association’s president. Use of therapists would create a two-tier system where some people have access to dentists, while others must settle for less-qualified practitioners, she said.

Dr. Caswell A. Evans, a dentist and associate dean at the University of Illinois-Chicago, said dentists must stop fighting efforts to expand care to patients they are not currently treating. The system is failing many patients, he said.

“Right now we have a double standard of care,” Dr. Evans said. “Some people can get it and some people can’t.”